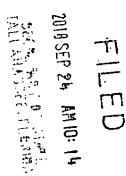
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Amend

SEP 25 2018

I ALBRITTON

## COVER LETTER

**TO**: Amendment Section Division of Corporations

1 AC	AMERICAS EDON MAGE CORD			
NAME OF CORPORATION: LAS AMERICAS FOOD MART CORP				
DOCUMENT NUMBER: $-V18$	300078268			
The enclosed Articles of Amendment and for	ce are submitted for filing.			
Please return all correspondence concerning	this matter to the following:			
LUIS DAVILA				
	Name of Contact Person			
DAVILATORNES P.A. Firm/ Company				
Firm/ Company				
911 N. MAIN ST., STE. 5				
Address				
<u>KISSI</u>	MMFE, FL. 34744  City State and Zip Code			
•	City State and Zip Code			
Wendy Wemwehotmail. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this mat	ter, please call:			
LUIS DAVILA	at ( <u>407</u> ) <u>933 -0307</u> Area Code & Davtime Telephone Number			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee S43.75 Filing Certificate of				
Mailing Address	Street Address			
Amendment Section	Amendment Section Division of Corporations			
Division of Corporations P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

	MART CORP
	ently filed with the Florida Dept. of State)
	78268
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>:</u>
	The new
name must be distinguishable and contain the word "corpor" (Corp., "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered." "professional association," or the abbreviation	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TING TO THE DESCRIPTION OF THE PERSON OF THE
D. If amending the registered agent and/or registered office and new registered agent and/or the new registered office add	
Name of New Registered Agent	
	a street address)
	a sittle man cony
New Registered Office Address:	(City) , Florida (Zip Code)
	(CII)
New Registered Agent's Signature, if changing Registered As I hereby accept the appointment as registered agent. I am famili	
Signature of No	ew Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> <u>Joh</u> i	n Doc	
X Remove	<u>V</u> <u>Mik</u>	se Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		ZONIA AQUILA	705 CONCORD LN
Add			LAKELAMO, FL 33809
Remove			
2) Change	P	ZONIA N. AGUILAR	705 CONCORD LN
_ <b>X</b> Add			LAKELAMO, PL 33809
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

,

The date of each amendment(s) adoption date this document was signed.	1: 9/19/2018	, if other than the
Effective date if applicable:	9/20/2018	
	9 20 2018 (no more than 90 days after amendment fi	le date)
Note: If the date inserted in this block document's effective date on the Departme	oes not meet the applicable statutory filing requint of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes east for for approval.	the amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each v	by the shareholders through voting groups. The footing group entitled to vote separately on the am	ollowing statement endment(s):
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by		
, =	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder action	n and shareholder
☐ The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and	I shareholder
Dated 9 19 20		
Signature 7 m	iantquela	
(By a director, selected, by a	president or other officer – if directors or officer n incorporator – if in the hands of a receiver, trust aciary by that fiduciary)	
	ZONIA AGUILA	
	(Typed or printed name of person signing)	
	Prosidon	
	(Title of person signing)	